

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

Please type or print in ink.

11 APR -7 PM 12:26

2011 MAR 28 PM 1:53

NAME OF FILER (LAST) Alvarez (FIRST) Claudia (MIDDLE) CITY OF SANTA ANA
CLERK OF COUNCIL

1. Office, Agency, or Court

Agency Name

Santa Ana Councilmember

Division, Board, Department, District, if applicable

Ward 5

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: Orange County Water District

Position: Director

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☒ County of Orange

☒ City of Santa Ana

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-
The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year ____

Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 03/28/11
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

<p>► NAME OF SOURCE</p> <p>Orange County Hispanic Chamber of Commerce</p> <p>ADDRESS (Business Address Acceptable)</p> <p>2130 E. 4th St. #160 Santa Ana, CA 92705</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>501(c)(3)</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>04 / 17 / 10</td> <td>\$ 250.00</td> <td>Gala</td> </tr> <tr> <td>____ / ____ / ____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____ / ____ / ____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	04 / 17 / 10	\$ 250.00	Gala	____ / ____ / ____	\$ _____	_____	____ / ____ / ____	\$ _____	_____	<p>► NAME OF SOURCE</p> <p>Orange County High School of the Arts</p> <p>ADDRESS (Business Address Acceptable)</p> <p>1010N. Main St. Santa Ana, CA 92701</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>School</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>05 / 16 / 10</td> <td>\$ 60.00</td> <td>Season Finale</td> </tr> <tr> <td>____ / ____ / ____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____ / ____ / ____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	05 / 16 / 10	\$ 60.00	Season Finale	____ / ____ / ____	\$ _____	_____	____ / ____ / ____	\$ _____	_____
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____ / ____ / ____	\$ _____	_____																							
<p>► NAME OF SOURCE</p> <p>Discovery Science Center</p> <p>ADDRESS (Business Address Acceptable)</p> <p>Main St. Santa Ana, CA</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>Science Museum</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>09 / 25 / 10</td> <td>\$ 125.00</td> <td>Gala</td> </tr> <tr> <td>____ / ____ / ____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____ / ____ / ____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	09 / 25 / 10	\$ 125.00	Gala	____ / ____ / ____	\$ _____	_____	____ / ____ / ____	\$ _____	_____	<p>► NAME OF SOURCE</p> <p>_____</p> <p>ADDRESS (Business Address Acceptable)</p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>____ / ____ / ____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____ / ____ / ____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>____ / ____ / ____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	____ / ____ / ____	\$ _____	_____	____ / ____ / ____	\$ _____	_____	____ / ____ / ____	\$ _____	_____
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Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE <u>Guanajuato Bureau Of Tourism</u>	
ADDRESS (Business Address Acceptable) <u>Alondiga de Granaditas</u>	
CITY AND STATE <u>Guanajuato, Guanajuato, Mexico</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Government</u>	
DATE(S): <u>01/27/10</u> - <u>01/30/10</u> AMT: \$ <u>800.00</u> <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Lodging/Meals/Local Transportation</u> <u>Gov. Code Sec. 89506(a)</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE <u>State Water Project of Sac. and San Joaquin Delta</u>	
ADDRESS (Business Address Acceptable) <u>Inspection Trip- Metropolitan Water Agency</u>	
CITY AND STATE <u>Los Angeles, CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Gov Agency</u>	
DATE(S): <u>10/02/10</u> - <u>10/03/10</u> AMT: \$ <u>506.00</u> <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>State Water Project of Sac. and San</u> <u>Joaquin Delta- Inspection Trip-</u> <u>Travel \$306/Lodging \$74/Food & Mis 126</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: _____